## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER AFTER AFTER **AS FILED** AS FILED 1" AMENDMENT 2 ™ AMENDMENT I" AMENDMENT 2 <sup>™</sup> AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP: IND. DEP. IND. DEP. •3 <u>53</u> <u>56</u> <del>5</del>9 <u>62</u> TOTAL TOTAL IND. IND. TOTAL TOTAL DEP. DEP. TOTAL TOTAL CLAIMS CLAIMS

PTO - 1360 (REV. 11/04)

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